

The Fortnightly **REVIEW** *of*

THE CHICAGO DENTAL SOCIETY

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President's Message*

I wish to express my sincere appreciation for giving me the honor and privilege to serve as President of the Chicago Dental Society. I am greatly conscious of this responsibility and together with the Board of Directors, which is the governing body, will do my utmost in maintaining the Society's present enviable position.

Judging from the recent election turnout, it appears that not enough members are active in the functions and the affairs of the Chicago Dental Society. For example, only about 1,200 men were interested enough to come out to vote, whereas 2,500 did not vote. The same holds true with the Monthly and Midwinter meeting attendance. I am at a loss to understand why there is such a noticeable lack of interest on the part of the great majority of the membership. I hope that this fault can be corrected and more men will see fit to take a greater and more active interest in the affairs of our organization.

The program, which was set up for the coming year, is practical and well-balanced and at this time I wish to submit for your consideration a brief résumé of this program.

*Presented at the May Meeting of the Chicago Dental Society, following installation as president.

1. *Dental Health Education*: The Committee on Dental Health Education will soon present an intensified educational program designed to make the public more aware of its need for dental care.
2. *Study Club*: It is my sincere hope that the study groups be re-established as soon as possible for the educational and professional advancement of the membership.
3. *Financial Report*: I am in favor of publishing the auditor's financial report in *THE FORTNIGHTLY REVIEW*.
4. *Monthly and Midwinter Meeting Programs*: (a) A questionnaire will be sent to the membership to ascertain what subjects are most desirable. (b) Special effort will be exerted to bring to you well-diversified and highly scientific programs.
5. *Law Enforcement*: A strict law enforcement of the Dental Practice Act.
6. *Socialized Dentistry*: The dental health standards of our nation can be best improved, not by compulsory health insurance, but by scientific research, education and the application of preventive control measures. We shall cooperate to the fullest extent with the American Dental Association, the Illinois State Dental

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EDITORIAL

PASSING IN REVIEW

As another Society year comes to a close, it seems fitting and proper to publicly acknowledge the accomplishments of the outgoing administration. Faced with one critical issue after another, the officers and directors rose to every occasion and with a splendid spirit of cooperation, kept the ship of state on an even keel. The writer had the opportunity to watch the Board in action throughout the year and at no time was there any dissension. There were differences of opinion, yes; but when all was said and done, issues were decided on the broad aspect of what was best for the Chicago Dental Society. The members can well be proud of their representatives.

Five members of the Board retire this year: president, Robert J. Wells; vice-president, Paul H. Wells; and three directors, M. J. Couch, North Side Branch; A. C. Kuncel, West Suburban Branch and J. D. Mershimer, Northwest Side Branch. Each of these men made valuable contributions to the Society's welfare during his term of office. The three retiring directors headed important committees of the Board from time to time and the retiring vice-president, Paul H. Wells, was ever quick to size up a situation and voice his convictions.

No report of Board activities would be complete, however, without paying tribute to the retiring president, Robert J. Wells. He made an excellent presiding officer. Board members were given ample opportunity to discuss any question that came before them and yet at no time did the meetings drag out. He put in an infinite amount of time on Society affairs and if anyone had kept tab, it would have figured up to about three meetings a week, except during the summer months.

While saluting the officers and directors for giving the Society another successful year, we cannot refrain from mentioning that all these efforts might have been in vain except for the cooperation of a vast number of committee chairmen and committee members who helped, each in his own way. It takes the combined efforts of several hundred members of the Chicago Dental Society to run the organization. When the new administration takes over the helm officially on June 1, the call will go out for volunteers. If you are asked to serve on a committee, don't let your leaders down!

STAND UP AND BE COUNTED

It's hard to understand why more dentists aren't aroused by the issues facing us today. Right now we have a fight on our hands to preserve the American way of life, to keep our profession independent, and yet not very many seem to be deeply concerned. The forces arrayed against us, on the other hand, are putting on one of the most concerted campaigns of all time. They are simply untiring. They get rebuffed; their best laid plans go astray; still they come right back for more. It begins to look as though none of the so-called compulsory health insurance measures will pass during the current session of Congress, but the proponents of these measures can be counted upon to keep bearing down until they either attain their ends or until they are definitely defeated.

The apathy of the members of the dental profession is most noticeable when

programs are staged for their especial benefit. This issue of compulsory health insurance is a case in point. The programs designed to acquaint dentists with the facts are generally very poorly attended. When the State Society put on two outstanding speakers at its recent meeting in Peoria, a mere handful showed up to hear them and yet the election, which followed shortly afterward, drew a crowd. A lot of pertinent information was given out by these two speakers; information that was important to every dentist who desires to discuss the problem of health insurance intelligently with his patients. We're too small a group to bear much weight with Congress; but if each of us will do a little missionary work, we can influence literally thousands of people. Now is the time for men to stand up and be counted!

1949 SURVEY OF DENTAL PROFESSION

During the month of April, the National Income Division of the U. S. Department of Commerce mailed questionnaires to more than 25,000 dentists, asking for their voluntary cooperation in a survey designed to provide basic information about the practice of dentistry, the gross income of dentists, office expenses, net incomes, salaries, etc.

These questionnaires were sent to about one out of three dentists in the United States who were selected in such a manner as to yield a comprehensive cross section of practices throughout the country. The forms are completely anonymous, they require no signature and cannot be identified in any way. The Department points out that the returns which dentists have made for income tax purposes are confidential documents and are not available to the Department of Commerce even for the purposes of the survey. Dentists are assured that the questionnaire itself will also be held in strict confidence and is in no way connected with the collection of income taxes.

This survey of the dental profession, covering the years 1943 to 1948, has the approval of the American Dental Association. A similar survey, conducted in 1942 by the Department of Commerce, proved to be most valuable and was published in the November, 1943, issue of the *Journal of the American Dental Association* and in the April, 1944, issue of the *Survey of Current Business*. The latter article is being sent to all dentists who receive the current questionnaire.

It is expected that the current study will provide data on the current average gross incomes, costs of practice, and net incomes of independent and salaried dentists. It will show the trend since 1943 in the average incomes of dentists and will provide a comparison between the earnings of dentists in general practice and specialists. Data will also give the average income of dentists at different ages and in different sizes of communities.

The current survey will also provide information on the amount of money being spent currently by individual consumers of dental services; the proportion of dentists who practice alone; the proportion who work on a salary; the proportion who have no employees, one employee, etc.; the amount of wages paid to full-time and part-time employees; the average annual office rents; etc.

If a sufficient number of returns are received, it will be possible to present data comparing average incomes for individual states and for the large cities. Since income information for specific cities is a subject of interest to all professional people, and since such data is now available for physicians and lawyers

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State Society Holds Annual Meeting

Peoria Acts as Host to Eighty-fifth Session

The annual meeting of the Illinois State Dental Society was held at the Hotel Pere Marquette in Peoria during the week of May 9. Nearly 800 dentists and guests, not far from the average attendance for such an event, enjoyed the Peoria Society's hospitality. In spite of clear skies and a beautiful golf course which beckoned appealingly to the great outdoors, they managed to give the proceedings at least the semblance of scientific endeavor. President John W. Green of Springfield presided at all the sessions and found that there was never a dull moment.

Monday, the first day of the meeting, was given over to sports. Golf, bowling, skeet and traps drew their share of participants and although, at last report, no records were broken, everyone seemed to have a good time. The inimitable C. E. (Shorty) Bollinger had charge of the Sports Dinner which brought the day to a fitting climax.

The ladies were entertained on both Tuesday and Wednesday. The Tuesday affair was a book review and tea, at which the ladies of the Peoria District Dental Society acted as hostesses. On Wednesday, there was a bridge luncheon and style show at the Jefferson Hotel.

SCIENTIFIC PROGRAM

The scientific portion of the program was held at the Hotel Pere Marquette on Tuesday and Wednesday and on Thursday morning. Lectures, limited attendance clinics and general clinics brought some of the best available talent to the State Society's meeting. Chicago was represented by Dr. Henry Glupker and Dr. B. Placek, both of whom gave limited attendance clinics.

Mr. Edward H. O'Connor and Mr. Francis J. Garvey were the speakers at the second General Session on Wednesday evening, at which time they discussed the issue of "Compulsory Health Insurance." Mr. Garvey is the new secretary of the Council on Legislation of the American Dental Association. He has been spending considerable time in Washington, helping in the Association's fight against socialized medicine and dentistry. He is an able attorney with an analytical mind and knows his way around. He discussed the legislation now before Congress and spent considerable time explaining the provisions of the latest version of the Murray, Wagner, Dingell Bill; provisions that most of his audience knew nothing about. Mr. O'Connor is the executive director of the Insurance Economics Society of America. He discussed the economic aspects of compulsory health insurance.

ELECTION OF OFFICERS

At the annual election of officers, which was held on Wednesday evening following the general session, Dr. Walter J. Gonwa of Chrisman was elected president-elect, defeating Dr. James E. Mahoney of Wood River. Dr. Gonwa is presently chairman of the Committee on Infraction of the Code of Ethics. As is customary, the chairman of the Committee on Local Arrangements was elected vice-president. He is Dr. L. F. Tinthoff of Peoria. Dr. Paul W. Clopper of Peoria was re-elected secretary and Dr. M. E. Zinser of Chicago was re-elected treasurer. Two Chicago councilmen were elected: Dr. H. R. Wenger of the Northwest Side Branch replacing Dr. B. Placek; Dr. William Tolar of West Suburban Branch replacing Dr. Werner J. Gresens.

Oral Health as Related to Partial Denture Planning*

By Clyde H. Schuyler, D.D.S., New York, N. Y.

In presenting this paper, I must again emphasize the importance of restorative dentistry as a health service. Our objective must be the restoration of mutilated and lost teeth in a manner to restore oral function and health and to retain these objectives for the longest possible period of time. In so doing, we are rendering a health service equal in importance to other health services rendered in the field of dentistry or medicine. Dental prosthesis is not only essential for the preparation of food to maintain health, it is essential for the maintenance of self-respect, social position, and employability. If our plan of treatment has been defective, we may fail to satisfactorily restore oral function and contribute to the rapid decline of oral health. In so doing, we are contributing to a decline of general health. This may be induced by the absorption of oral infection or toxins through the blood stream, by mental concern and anxiety of the patient, and, perhaps most important of all, yet given too little consideration by either dentists or physicians, is the effect upon the general nervous system of continued oral discomfort which may impair the function of any organ of the body. Many patients being treated for neuroses or other systemic disturbances cannot be restored to health until they receive a comfortable dental prosthetic service.

Too large a percentage of removable partial dentures fail to justify a classification as a health service. Dentists must give more serious consideration to factors contributing to failures and successes. It is a bio-mechanical science which the dentist only by virtue of his training is qualified to assume. It is not a technological procedure which can be assumed by a dental laboratory technician.

*Read before the Midwinter Meeting of the Chicago Dental Society, February, 1949.

FOUR PHASES

Removable partial denture service may be divided into four phases: (1) Diagnosis; (2) Treatment planning; (3) Technical procedures to fulfill the plan of treatment; (4) Oral coordination and periodic care.

The first two phases, diagnosis and treatment planning, are most often neglected. Dentists have commonly failed to properly evaluate their services to the patient in rendering a diagnosis and a plan of treatment. Patients appreciate the value of the physician's time in making a careful diagnosis and outlining a plan of treatment and are willing to liberally compensate him for this service. For some unknown reason, the dentist has not felt justified in making a charge for this service. This, in turn, has influenced him to make a diagnosis and outline treatment with a very limited understanding of the problems involved, most often to the detriment of both patient and doctor. How much better it would be for all concerned if the dentist would spend ample time in making his diagnosis and in planning treatment, and would make a reasonable charge for this service, as does the physician, regardless of whether the patient accepts his plan of treatment. A preliminary fee can be given for the diagnosis and discussion of treatment. In my office this practice has seemed to increase the respect and confidence of the patient, and it discouraged indiscriminate shopping.

Our diagnosis usually consists of three parts:

1. ORAL EXAMINATION—(a) Health of oral tissues; (b) General health of patient; (c) Missing teeth; (d) Firmness of remaining teeth; (e) Cavities, questionable fillings, etc.; (f) Maxil-

lo-mandibular relationship; (g) Check for questionable vitality.

2. X-RAY EXAMINATION—(a) X-ray of teeth (non-vital teeth—areas of infection, cysts, etc.—amount of alveolar process supporting teeth—density of alveolar process—cavities in teeth); (b) Possible x-rays of temporo-mandibular joint.

3. ACCURATE STUDY CASTS MOUNTED UPON AN ADJUSTABLE INSTRUMENT—(a) Teeth to be replaced; (b) Arch form; (c) Relation of opposing teeth; (d) Tooth contour and inclines; (e) Area of mucosa support.

TYPE OF REPLACEMENT

In treatment planning, our first major decision is to decide whether lost teeth can be replaced by the fixed bridge which is always most desirable, conditions being favorable, whether restoration may be made by a removable partial denture, or whether a full artificial denture is necessary. The full denture should not be resorted to if there is favorable abutment support for the removable partial denture, as few full dentures can give the same degree of comfort and feeling of security as does the well-planned and constructed partial restoration. With both tooth and mucosa support, supporting tissues are subjected to less trauma and undergo less rapid changes. No full denture can be considered as a permanent restoration. Under reasonably favorable conditions, a partial restoration can be expected to render an efficient service for a much greater period of time than will a full restoration. Greater comfort and efficiency of service will invariably justify the increased cost of the removable partial denture.

Much can be said relative to the advantages and disadvantages of the precision attachment over the clasp with occlusal or lingual rest as a means of retention and the favorable distribution of vertical and horizontal stresses. There are few instances in which the restoration

with precision attachments will not render a service equal to, or in excess of, the clasp appliance. Horizontal stresses can be more favorably distributed by the use of precision attachments and in some cases a desirable distribution of stresses can be obtained only by the use of the precision attachment principle. Years of practice have taught me the wisdom of using a lingual clasp arm in conjunction with the precision attachment as an auxiliary means of retention.

The removable partial denture with clasps properly planned will in a large percentage of cases serve very efficiently in restoring and maintaining oral function and health. A vast majority of them, however, are improperly planned and contribute to the early loss of alveolar support and remaining natural teeth. To classify their use as a health service is *unjustifiable*. Rather than condemn them, we should look for the causes of failures and correct them.

STRESS BEARING

My experience has led me to believe that the most common, and perhaps the most flagrant, error is that of placing a stress bearing rest upon the lingual incline of an anterior tooth. Vertical functional force applied upon such a restoration results in the introduction of lateral stresses or in a wedging of all abutment teeth. During the application of force in function, the rest is forced tissueward upon the incline of the anterior tooth. The result of this vertical force upon the incline is a horizontal stress, not only upon the anterior abutment, but a reciprocal force upon all abutment teeth. As an example: a vertical force of fifty pounds upon a sixty degree incline results in a horizontal force of approximately eighty-five pounds. Not only is this force applied upon an anterior tooth carrying a rest upon its lingual incline, but a reciprocal horizontal force is applied upon other abutment teeth. The alveolar process supporting teeth is destroyed much more rapidly by horizontal stresses than

by stresses applied more nearly parallel to the long axis of the teeth.

An inlay with a definite rest seat placed in the lingual of an anterior tooth aids in directing vertical forces parallel to the long axis of the abutment tooth and avoids the wedging of teeth with resultant lateral stress. The inlay with a definite lug seat in the lingual of an anterior abutment tooth has other advantages; it maintains the favorable distribution of vertical stresses between abutment teeth and mucosa support, thus reducing the possibility of over-stimulation and excessive resorption of supporting alveolar ridges. It prevents undue settling of the appliance, maintaining proper relation of the clasp upon the tooth. By limiting the uneven settling of the restoration, it aids in maintaining a favorable occlusal relationship as originally established. It helps to maintain denture stability. A large majority of dentists and patients now recognize the economic value of the gold inlay as a means of restoring a carious tooth to maintain its usefulness. By the use of one or two inlays as a foundation for a removable clasp restoration, we maintain the period of usefulness of not only one abutment tooth but all remaining teeth. The value of the restoration is greatly enhanced, as in maintaining oral health we greatly increase its period of usefulness.

OCCLUSAL RESTS

Too often abutment teeth are not properly prepared for occlusal rests or satisfactory clasping. Definite occlusal rest preparations can be most satisfactorily prepared in inlays, but inlays in posterior teeth are not an essential as a means of directing stresses parallel to the long axis. Marginal ridges may be reduced, providing spoon-shaped rest seats. These areas must be well polished and, as a safety measure, should be painted with silver nitrate. A rough tooth surface, involving pits and fissures, is more apt to become carious under an occlusal rest

than a smooth highly-polished surface which is more readily cleansed.

Undesirable proximal tooth contours, which interfere with most satisfactory clasping, should be modified by removing excessive inclinations or contours to facilitate clasping, care always being observed to prevent exposure of enamel. These surfaces must be highly polished. In extreme cases, it may be necessary to reshape or alter undesirable inclines by the use of complete crowns.

The adjoining of abutment teeth with adjoining teeth, when abutment teeth have been weakened by loss of alveolar support, is most desirable. This practice adds greatly to the period of usefulness which may be expected from abutments in either fixed or removable bridgework and its importance cannot be given too great emphasis.

The clasp has a double function—retention of the appliance and the distribution of horizontal forces. A favorable distribution of horizontal forces contraindicates the use of clasps with excessive flexibility, especially labial or buccal arms. The clasp of my choice is the one made of half round wrought wire, properly tapered, using the 12-gauge for molars and 14-gauge for bicuspid and anterior teeth.

A favorable distribution of lateral stresses contraindicates the use of flexible palatal or lingual bars. Stress breakers with only vertical mobility may serve a useful purpose in limited cases. We must realize, however, that denture mobility induces tissue stimulation. Our problem is to distribute stresses in an effort to reduce tissue stimulation to the minimum, both vertical and horizontal stresses being distributed in the broadest and most definite manner between abutment teeth and mucosa support. The most favorable distribution of stresses or stimulation may approach the physiological tolerance of the tissues. A slight additional degree of stimulation to the mucosa supporting tissues induced by saddle mobility may be the "straw to break the camel's back," leading to a pathological stimulation and

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NEWS AND ANNOUNCEMENTS

TELEPHONE EXTENSION COURSES MAKING A HIT— NO NEED TO NEGLECT PRACTICE TO TAKE STUDIES

The telephone extension course, "Current Advances in Dentistry," sponsored by the University of Illinois College of Dentistry, is arousing considerable interest across the country. Seventy dental societies in thirty states, with a total membership of 13,000, already have indicated a desire to participate.

Starting in October, 1949, one round table discussion per month continuing through November, 1949, and January, February, March and April, 1950, will be transmitted over the long distance telephone directly to any city from the classroom of the College of Dentistry. Thirty-six nationally known men will present the latest advances in six different phases of dentistry.

Caries control, dentistry for children, oral diagnosis and cancer control, the masticatory mechanism, dental education and public health will be presented so that knowledge acquired can be immediately applicable to a dental practice.

The course should be of particular interest to dentists in rural areas and small communities which usually have no opportunity to hear outstanding men.

Dr. Saul Levy, Chairman of the post-graduate extension program, announced that the response by dental societies had been so enthusiastic that it is possible to offer the entire course of six panels for a fee of \$10.00 per individual taking the course, regardless of distance from Chicago.

NATIONAL PHYSICIANS COMMITTEE DISSOLVES

After ten years of activity, during which time it brought about the forma-

tion of forty-seven state committees of physicians and forty-six state committees of dentists, the National Physicians Committee for the Extension of Medical Service has liquidated its affairs.

In its official statement to its members, the Committee states that inasmuch as the House of Delegates of the American Medical Association has created a new agency to carry on public relations activities and to further the extension of medical care and since this new agency is functioning satisfactorily, it now represents the fulfillment of the objectives for which the National Committee was created.

ORAL CANCER COURSE AT NORTHWESTERN

A two-day study program of oral cancer will be offered at Northwestern University Dental School on June 6 and 7. Registration is open to all members of the Chicago Dental Society and to physicians.

The program on Monday morning will include a lecture by Dr. John A. Rogers, Executive Secretary, Illinois Division of the American Cancer Society, and a clinic by Dr. Frederick W. Merrifield, Professor of Oral Surgery at Northwestern University; preoperative and post-operative patients with Oral Cancer will be presented. In the afternoon Dr. James Barrett Brown, Professor of Surgery at the University of Washington, will give a lecture, illustrated by slides, movies and recordings, on cancer of the face and mouth.

Tuesday, the morning will be devoted to a study of the pathology of oral cancer by Dr. Mark Wheelock, Associate Professor of Pathology at Northwestern University, followed by a talk by Dr. Edward Hatton, outlining the effective manner in which the dentist and the

pathologist can cooperate in oral cancer cases.

In the afternoon, Dr. Wheelock will discuss radiation reactions and the cancer problem as it relates to the dentist himself. The course will terminate with a panel discussion conducted by the instructors participating in the course.

Luncheon will be served at Abbott Hall for members of the class. A registration fee of \$10.00 is requested. Further information may be obtained from the Dean, Northwestern University Dental School, 311 E. Chicago Avenue, Chicago 11, Illinois.

SPECIAL TRAIN FOR SAN FRANCISCO MEETING— ILLINOIS STATE DENTAL SOCIETY SPONSORS TRIP

A special train, sponsored by the Illinois State Dental Society, will operate from Chicago to San Francisco for the American Dental Association's convention, October 17 to October 20, 1949.

This special train will leave Chicago the morning of October 12, arriving in San Francisco the afternoon of October 15. En route, stops will be made at Colorado Springs, Royal Gorge, Salt Lake City, and an unusual stop at Elko, Nevada. The train is scheduled so as to include the best features of the Colorado Rockies and California Feather River Canyon during the daylight hours, and one of the new Vista Dome cars will be in the consist of the train to afford a better view along this famous scenic route.

The post-convention trip will leave San Francisco on October 21, traveling south via Carmel Mission to Monterey, where a special cocktail party and dinner will be held. Thence on to Los Angeles for two days. Homeward bound—a one-day stop at the Grand Canyon of Arizona, thence through the Indian country, arriving in Chicago, 12:15 p.m., October 26.

For the convenience of all, the trip is so arranged as to offer an option of taking the complete tour from Chicago to

Chicago, or from Chicago to San Francisco only, or permit persons to join at San Francisco for only the return trip to Chicago.

An attractive itinerary booklet has been prepared, giving full and complete information on the entire trip, and may be secured by writing to Mr. W. M. Moloney, GAPD, Burlington Route, 105 West Adams Street, Room 711, Chicago 3, Illinois.

AMERICAN SOCIETY OF DENTISTRY FOR CHILDREN NEWS

The first official meeting of the Illinois State Unit of the American Society of Dentistry for Children was held May 8, 1949, at the Jefferson Hotel in Peoria, in conjunction with the annual meeting of the Illinois State Dental Society.

The following officers were elected: William St. John, president; Robert O'Neil, vice-president; Dayton Berk, secretary; Gerard Casey, treasurer and Stanley Korf, editor. Dr. J. Burrell of Peoria was also appointed as a member of the executive council.

Plans were formulated for analyzing the needs of Illinois dentists so that they may render more and better service to their child patients, and a concrete program is now being organized to fulfill these needs.

Any dentist who is a member of the American Dental Association and genuinely interested in furthering the cause of pedodontia is eligible to become a member of the American Society of Dentistry for Children. For membership information, please contact Dr. Dayton Berk, 27 East Monroe Street, DEarborn 2-2012.

EYE CARE COST GREATER IN BRITAIN

The national health service in Great Britain includes, among other things, free ophthalmic services and spectacles. Reporting on eye care in Great Britain,

Walter A. Stewart, President of the American Optical Company, said that in terms of purchasing power, the per patient cost of eye care there is approximately 60 per cent higher than in the United States. From an economic point of view, Britain's experience with free eye care is particularly illuminating. The annual cost was originally estimated at \$10,000,000, whereas the actual figure for the first year was close to \$60,000,000.

Referring to the broad subject of socialization, Mr. Stewart declared that social plans will be measured by their influence on jobs. He pointed out that when the bureaucrat invades fields of service, he does so under the assumption of benefiting some of the population by eliminating existing functions, asserting that these functions are ordinarily gainful because they represent labor which adds value to a product. Proposals for socialized services need to be studied from this standpoint, particularly in a country where the urge to work and the desire for gainful jobs still exist.

SOUTH SIDE BRANCH OF THE CHICAGO DENTAL ASSISTANTS ASSOCIATION FORMED

A meeting and installation of officers were held Sunday, March 20, at the Woodlawn Boys Club, 6313 South University Avenue. Thirty members and guests were present. Julia C. Murray, Temporary Chairman, presided prior to the installation of the newly elected officers. Mrs. Betty Drennan, Past President of the CDAA and Past Sixth District Trustee of the ADAA, presented the short but active history of the new organization. Miss Ruth Bates, Past President of the CDAA and Advisor to the ISDAA, presented the new group with a gavel. Mrs. Edith Smith, President of the CDAA, acted as installing officer and Miss Ruth Bates as conducting officer.

The newly installed officers are: Miss Margaret Mercier, president; Mrs. Julia

C. Murray, vice-president; Miss Peggy Johnson, secretary and Miss Sylvia Cobleigh, treasurer. Dr. Robert Staub was named counselor for the group.

Among the guests were Dr. M. Brooks, Past President of Englewood; Dr. T. Sherman Johnson; Dr. Clyde C. West, Counselor of the CDAA; Dr. R. R. Watkins, and their wives. Miss Eulalie Austerlode gave several readings which were enjoyed by all. Mrs. Edith Smith presented the officers with corsages. After the meeting and installation, refreshments were served.

DR. H. TRENDLEY DEAN RECEIVES AWARD

The Gorgas Award for 1949, "for outstanding contributions in the field of military medicine," has been awarded to Dr. H. Trendley Dean, Dental Director of United States Public Health Service and Director of the National Institute of Dental Research.

Dr. Dean and his associates at the National Institute have been responsible for most of the basic research on the effect of fluoride in water on dental caries. He has spent most of his life in public health service and for many years has specialized in the epidemiological study of dental diseases.

DR. ARTHUR W. BLIM 1890-1949

Dr. Arthur W. Blim, longtime member of the North Side Branch of the Chicago Dental Society, died April 21, 1949. He was a native of Salem, Wisconsin.

Dr. Blim was graduated from Northwestern University Dental School in 1913 and had a general practice. During World War I, he served as a dental officer with the Marines and was stationed at Quantico, Virginia and on the U.S.S. Kansas. He was married in 1918 while in the military service.

An active member of the Chicago Den-

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QUOTATIONS AND ABSTRACTS

BROOKINGS INSTITUTION MAKES STUDY, DRAWS UP CONCLUSIONS*

1. Probably no great nation in the world has among its white population better health than prevails in the United States. A few small homogeneous countries, such as New Zealand with respect to its white population, are slightly ahead of the United States as a whole, but certain States of the United States with larger populations equal them.

2. It is apparent that the United States under its voluntary system of medical care has made greater progress in the application of medical and sanitary science than any other country. This progress is now reflected in low mortality and morbidity rates of infectious diseases and in increased life expectancy. There is every reason to believe that these trends will continue unabated under our present system of medical care.

3. The nonwhites in the United States have materially poorer health than the whites, but the evidence does not indicate that this condition is primarily or even mainly due to inadequacy of medical care.

4. The advances in health among both the whites and the nonwhites that have been made in the United States in the past four decades do not suggest basic defects in the American system.

5. Although the statistics resulting from the administration of the Selective Service Act—the so-called draft statistics—have been widely used to show bad health among the American people and the need for revolutionary changes in arrangements for medical care of individuals, they are unreliable as a measure of the health of the Nation and cannot be used to show the extent of the medical needs of the country as a whole.

6. Present medical care in the United

States compares favorably with that which existed in other leading nations prior to the second World War.

7. The conditions in extremely poor rural areas that lack the resources to support adequate public services, such as health work, education, and highways, cannot be satisfactorily solved by subsidies. This problem calls for a radically different approach, either bringing in new or improved economic activities or getting the people to more favorable and administratively less expensive areas. This condition has been accentuated by the emigration of youth from these areas to urban communities.

8. The United States has some individuals and families not possessed of the resources to enable them to pay for adequate medical care. In the future, as in the past, provision must be made for them through public funds or philanthropy. The evidence suggests that many of them are elderly, impaired, or under-endowed or are widows or deserted women or their dependents. It is doubtful if they could be effectively covered by compulsory insurance because they would lack the means to attain and maintain an insured status. The large majority of American families have the resources to pay for adequate medical care if they elect to give it a high priority among the several objects of expenditure. The issue is not whether they can afford medical care but whether they should be compelled by law to pool their risks and to give payment for medical care a top priority. The major alternative for people with ability to pay is to leave them free to determine for themselves what medical care they desire and whether they will pool their risks through voluntary arrangements.

9. Compulsory health insurance would necessitate a high degree of governmental regulation and control over the person-

nel and the agencies engaged in providing medical care. This field of regulation and control would be far more difficult than any other large field previously entered by the Government, and past experience with governmental regulations and control in the United States causes doubt as to whether it encourages initiative and development.

10. The problem of eliminating politics from Government administration is extremely difficult. It does not seem probable that politics could be eliminated from medical care supplied under a governmental system.

11. Compulsory insurance would inject the Government into the relationship between practitioner and patient. A real danger exists that Government actions would impair that relationship and hence the quality of medical care.

12. The administration of compulsory insurance would require thousands of Government employees for accounting, auditing, and inspection and investigation.

13. The cost of medical care presumably would increase because of (a) administrative expenses; (b) the tendency of insured persons to make unnecessary and often unreasonable demands upon the medical care services; and (c) the tendency of some practitioners and agencies to take advantage of the system for their own financial advantage.

14. The adoption of compulsory insurance would not immediately make available adequate service for all, because there are not at present the facilities nor a sufficient number of trained and experienced physicians, dentists, and nurses to meet the demand which would result from compulsory insurance.

15. Proposals for compulsory insurance provide for payment of practitioners under one or all of three methods: (a) fee for service, (b) per capita, or (c) salary. Use of the fee-for-service device represents the minimum degree of socialization, but it is administratively difficult. Administrative difficulties would probably result in the adoption of the per capita system which represents practically

complete socialization. It seems questionable whether a country which once embarks on compulsory insurance can turn back but must attempt to remedy defects by more complete government control and administration.

** Reprinted from "A Study of the Brookings Institution," February 17, 1948.*

DO YOU WANT POLITICAL MEDICINE?*

ADVANTAGES VS. DISADVANTAGES

The three most important advantages of compulsory sickness insurance claimed by the proponents of the plan are: (1) the people would know exactly what their medical costs would be per year; (2) better care would be extended to people in modest circumstances; (3) there would be better distribution.

The disadvantages of the plan far outweigh the advantages. Important disadvantages are: (1) standard of medical service would deteriorate; (2) the cost would be tremendous; (3) you cannot get something for nothing; (4) the number of hospital beds for deserving patients would be diminished; (5) socialization of one profession or trade usually leads to socialization of others.

Numerous projects are underway which meet the criticism of the present system of medical care. They may be listed as follows: (1) numerous types of hospital and medical insurance; (2) the Hill-Burton Bill which furnishes federal aid to communities for hospital construction; (3) mechanisms to attract young physicians to areas where needed; (4) veterans' hospitals; (5) free medical care to the indigent; (6) medical care by industry; (7) increase in number of graduate physicians; (8) numerous private agencies extending financial aid to medical research and other facilities.

It is granted that there is room for improvement in the type of medical care rendered today, just as there is room for

(Continued on page 23)

NEWS OF THE BRANCHES

ENGLEWOOD

At the final meeting of President Lindholm's administration, Tuesday, May 3, Program Chairman Harry H. Kazen presented Dr. G. F. Schroeder's sound Kodachrome double-feature film, "A Conservative Approach to Immediate Denture Prosthesis" and "Silicate Cement Restorations Introducing the Platinum Matrix." This is an excellent film which no doubt will benefit those who have seen it. Tom Fleming, of the Old Timers' Club, introduced and ably installed the following officers for 1949-1950: Eric R. Lindholm as member of the Englewood Board of Directors for 3 years; R. Straub as treasurer; E. M. Glavin as secretary; Ed Werre as vice-president and E. Goldhorn as president. Tom Fleming presented a gavel to the new president as he took over the office. President Goldhorn solemnly thanked the members for their confidence and promised to carry on and uphold the best traditions of Englewood. . . . A representative of the University of Illinois College of Dentistry informed us about a series of six lectures that will be offered in October from the Dental School by wire to our Branch or any similar group in the USA. Such dental subjects as "Caries Control," "Full Dentures," "Pain in Dentistry," "Importance of Nutrition in Dentistry," etc., will be given by outstanding authorities. Subscription is \$10.00 per man and can be secured only through the Branch. The minimum number for this group is 25. This will be the first national class of its kind. If interested, contact Secretary Glavin. . . . After the meeting and program, the meeting adjourned and transferred to the lower level, where refreshments were served and good-fellowship continued to a rather late hour. . . . Bill Hillemeier is pleased to report that he is now enjoying his profession at his new location, 7525 S. Stony Island Ave. . . .

One of our old-timers, a past-president of our Branch (1925), Harry C. Snyder, who is now retired after spending three months in old Mexico and four months in Bronsonville, Texas, can now be contacted at the Studio Inn, Route 20, Painesville, Ohio. . . . Our own Joseph E. Plewa, who became interested in the very absorbing and interesting hobby of painting, having been at it for only three years, succeeded in having two of his paintings on exhibition. The latest, titled "Dunes Glorious Fall," was shown at the Sixth Annual Exhibit of Northern Indiana Art Salon, February 26 to March 5, 1949. Congratulations! . . . Hark! to the call of your sporting instinct! D. F. Duffy, Jr., Chairman, informs us that our Annual Golf Outing will take place at the Navajo Country Club, June 15; ROAST-BEEF and PRIZES for all coming out! Telephone Francis O'Grady, HUDSON 3-2223, for reservations. **MARK YOUR BOOK NOW.** . . . This is your correspondent's last contribution. President Lindholm wishes to express his appreciation to his fellow officers, committees and the general membership for the fine cooperation he received during his stay in office. He especially wants to send thanks for a job well done to all members of the correspondence committee, who are: John S. Boersma, vice-chairman; Francis O'Grady, Webster Byrne, Chester E. Bromboz, Julius J. Dziubak, S. C. Sachs, T. B. Gasior, Victor Seitz, Robert J. Tharp, John L. Manning and Edward C. Thomas. Working with these men was a distinct pleasure and we hope that the next correspondent appointed by President Goldhorn will also have the same fine cooperation. After four years in this harness, yours truly will not be able to accept this honor again due to other pressing duties. So, with many thanks to all on my committee and to all who took time out in sending their bits of news, with best wishes to my successor, we say:

"*Au Viedersein*" — "*Sudiev*" — "*Do-Widzenia*," etc., etc., and to those who understand English: "So Long, Folks!" —*Boles G. Gobby, Branch Correspondent.*

NORTH SIDE

All the North Side golfers are gradually rounding into shape. With all the nice weather we have been having, they're chafing at the bit and each one is really anxious to win the North Side tournament. Among those seen flexing the muscles at different golf courses every day, including Wednesdays, were Sid Goodney, Art Roe, B. Q. Smith, Harry Glass, Walt Hoag and Maurice Gjerset. I hope these early birds develop gremlins in their swings. . . . C. Lee Simons is spending his usual month at Rancho Del Rio, in Hereford, Arizona, and reports that, due to the extra snow at that mile elevation, the desert blooms are the most beautiful in any season. Also, he will be in Tucson for the 50th annual convention of the Arizona State Dental Association. . . . Dwight Barcroft, who has been flying his own four-passenger Stinson plane for four years, recently flew down to Lake Worth, Florida, with his two sons, Victor and Jimmy. . . . H. McDaniel is the first dentist in the Midwest to become a Life Master Bridge Player and is rated as the "number 2" man in the United States. . . . Ted Gunnarson is off for a month's auto trip to Florida and through the South. . . . D. J. Normoyle has fully recovered from his eye operation and is back to work again, full of vim, vigor and without disability. . . . Morrow, Hoag and Wollin are dropping everything and will concentrate on a large amount of golfing in southern Indiana. . . . H. C. Hutchinson returned from his trip through the Southwest. . . . Paul Edmand left on a lecturing tour. His first stop will be at the New York State Dental Society meeting in Buffalo, where he will conduct a three-day post-graduate on "Mouth Rehabilitation"; then on to the

Tennessee State Dental Society meeting, where he is scheduled to appear for a full-day lecture program. Paul really gets around. . . . Z. D. Ford is in the hospital for a check-up; hope he has an uneventful recovery and is back to work soon. . . . N. S. Dubrow recently returned from a weekend at Starved Rock; says it's a wonderful place, especially the scenic paths. . . . Dan Peterson recently bought the sister ship of the winner of the big Mackinac Race on Lake Michigan last year, and expects to win with this new boat this year. He leaves for Boston next week to sail the boat to Chicago. What a trip! Can anybody figure out the water route that he will use? . . . The annual Delta Sigma golf outing, May 18, at Ruth Lake Country Club, Hinsdale, Illinois, was a wonderful success. Congratulations to the promoter of the event, G. W. Haberling; the food was wonderful! . . . Harold Galvin greeted a new son on April 25. Congratulations! Hope he is another dentist. . . . Fred Scambler really did a marvelous job of fixing up his rumpus room with cypress wood and the indirect lighting reminds Rabin of the Drake. . . . Our next guest correspondent will be our dear friend and former branch correspondent, Manley Elliott. Kindly contact him with a lot of news.—*F. A. Napolilli, Branch Correspondent.*

WEST SUBURBAN

At our May Round Table meeting, we saw three films on the different variations of anterior bridgework as done at the Training Aid Section of the Ninth Naval District, Great Lakes, Illinois. The films depicted every step in the technic and everyone present thought them excellent. . . . Don't forget to attend our next Round Table meeting on June 6, when two more Great Lakes films on root canal therapy (endodontia and periodontia) will be shown. . . . Attention, all! Our annual golf outing is to be held at Westward Ho Country Club on Tuesday,

June 14. Play golf; enter into a card game; make yourself comfortable and keep cool at the 19th hole; or just do as you please. A delicious dinner will be served at about 7:00. Door prizes and other prizes; fun for all! Telephone Ed Sullivan, our sports chairman, at Euclid 7600 for your ticket. Let's all go this year and have a good time. . . . Larry Koch just bought a 20-acre farm in Palatine. He expects to occupy the premises the early part of June. . . . Bill and Mrs. Keehn spent a few days in Missouri. It seems that Marion and Bill both needed a little rest after having quite a tussle with the flu bug.—*E. G. Walters, Branch Correspondent.*

WEST SIDE

This year's all-day outing was a huge success. The first official act of Al Sells, newly elected president of the West Side Branch, was to preside at this function, which was the last get-together of our members for this season. . . . We shall resume our regular meetings in October; let us all get off to a good start and attend the first meeting with the intention of attending all those to follow. Harold Gillogly will be our new dinner chairman and will be offering season dinner tickets for sale at a substantial saving. See him at your earliest convenience. . . . Now that the vacation season is upon us, we will be pointing the noses of our respective cars in different directions, according to our own individual ideas about vacations and vacation spots. Yours truly and family will spend the Memorial holiday days in Missouri, where one may find squirrel shooting a good pastime. . . . The time has come to me, as it does to all correspondents, to pass on the pleasure of writing this column to someone else. I am thankful indeed for the opportunity to have served in this capacity for well over three years and I sincerely hope that your next correspondent will have as much fun doing this work as I have. It gives one the opportunity to mingle and get better acquainted with his fellowmen.

Thanks a lot to my co-workers down through the years and especially to Irving Fishman, Carlisle Weiss, Vincent Vivirito, Herman Nedved and Maurice Berman, who have all contributed greatly to making this last year a success. Let me close my duties as your correspondent with the following poem:

"I shall pass through this world but once
Any good, therefore, that I can do
Or any kindness that I can show
To any human being
Let me do it now, let me
Not defer it nor neglect it for
I shall not pass this way again."

—Author unknown.

—*Irvin C. Miller, Branch Correspondent.*

NORTHWEST SIDE

Due to the fact that my successor, Joe Lebow, attended the Illinois State Dental Meeting in Peoria, my job as branch correspondent was extended for another issue. Joe helped obtain news for this column by getting in just under the wire with the news of the Peoria meeting. The Northwest Branch was well represented at the gathering. Among those who attended were Frank Brzezinski, Herman Wenger, Stan Broniarczyk, Cas Rogalski, Johnny Gates, Don Mammen, Oliver Pitch and Glenn Cartwright, Dave Reininger, president-elect of the State Society, and Sam Goodfriend attended with their wives, as did Joe Lebow. Among the clinics and limited attendance sessions were those given by Bob Placek, Hugo Chott, Viggo Sorensen, and Sam Goodfriend; all well attended and well received. Joe Ullis, who had planned on attending the meeting, had to cancel at the last minute in order to check into the hospital for a physical going-over. Herman Wenger was elected as district councilman to the Illinois State Dental Society at the recent meeting. . . . Stan Broniarczyk's daughter was crowned as Queen of the May at St. Cornelia's Church on May 1. . . . Watch for the flyer of our Annual Golf Outing and

(Continued on page 24)

DIRECTORY CHICAGO DENTAL SOCIETY

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Boles G. Gobby *Englewood*
1632 W. 63rd St., GROvehill 6-0311
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10058 Ewing Ave., SOuth Shore 8-1823
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Ethics Committee

Neil A. Kingston 1950
J. R. Carlton 1951

Applications for Membership

The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Neil A. Kingston, 182 E. 154th St., Harvey. Anonymous communications or telephone calls will receive no consideration.

Applicants:

DONNELLY, H. J. PATRICK (K. C. Western 1936) North Suburban, 1604 Chicago Ave., Evanston. Endorsed by Orion H. Stuteville and Marvin E. Chapin.
WATTS, EMMETT R. (N.U.D.S. 1917) West Side, 2801 W. Cermak Rd. Endorsed by R. I. Humphrey and Noel M. Maxson.

PRESIDENT'S MESSAGE

(Continued from page 5)

Society and all units of organized dentistry which are vitally interested in this most important issue of the present time.

Other essential phases of this program will be discussed with you from time to time as they arise.

At this time my great desire is for the entire membership to unite and work together for a successful administration.

During my forty-one years in organized dentistry I have seen the Chicago Dental Society grow stronger, larger and better, until today it is one of the leading societies in the world. With your continued support and cooperation, our Society is destined to rise to even greater heights. During the coming year, the dental profession will encounter many important and crucial problems. This calls for unity and action within the Chicago Dental Society.—George Edward Meyer.

QUOTATIONS AND ABSTRACTS

(Continued from page 16)

improvement in practically all other services. But, why not extend the projects already in existence to meet the deficiencies, rather than launch upon an entirely new program which is going to be extremely expensive and have very doubtful efficiency?

* *Chicago Medical Society Bulletin*, March 26, 1949.

BURNING SENSATION OF TONGUE

To the Editor:—A patient, 37 years old, has had good general health. She is high strung and becomes excited easily. Six weeks ago she complained frequently of a burning sensation on the lower lip. This soon involved the tip of the tongue. Her tongue felt as if she had eaten some spicy or hot food. She was not anemic. Examination of the tongue and lips was negative. Thinking that she might have

gastric hypoacidity and thiamine deficiency, I gave her a prescription containing hydrochloric acid and nicotinic acid. This did not seem to change her complaint. Gastric analysis was essentially normal and did not indicate hypoacidity. Burning sensation now involves the entire tongue, and she feels a hot burning sensation down the pharynx to the esophagus. I have treated her with diphenhydantoin sodium without results and have also given her bromides for nervousness. She has stopped smoking. I would appreciate suggestions.—M.D., Missouri.

Answer.—The impression of psychoneurosis is possibly correct, with local irritation of some sort to be ruled out as a cause or associated factor. The bilateral, progressive burning sensation of the lip, tongue and throat, in a nervous woman of 37, in the absence of visible inflammation, anemia or response to therapy, suggests an abnormality which may be present in a situational neurosis, menopause, hysteria or phobia.

Infection, gastrointestinal and systemic disorders and allergy seem to be excluded; the site is correct for the last named, but the constancy is against it. Local causes could include an irritant food or beverage, an irritant mouth wash, excessive smoking and new dental work (with a difference of electric potential between dissimilar fillings).

Several measures could be tried after consideration of the previous suggestions. A continued ban on smoking, restriction to bland food and drink; the use of a dilute bland or astringent mouth wash, reassurance, in case of cancerophobia, $\frac{1}{2}$ grain (30 mg.) of phenobarbital three times a day and observation to note an obscure cause are suggested. If the dosage of nicotinic acid was not high, she might be given 100 mg. of nicotinamide orally per day for two weeks. If the burning is associated with dryness, it has been suggested that a trial of neostigmine bromide (7.5 mg. three times a day after meals) will increase the secretions and decrease the burning. If the case seems functional, obtain the help of a neuropsychiatrist.—*Queries and Minor Notes, Journal A.M.A.*, Jan. 22, 1949.

NEWS OF THE BRANCHES

(Continued from page 19)

make your reservation now. The date is June 8 at Westward Ho Golf Club. Don't miss this annual affair. . . . Don't forget, your new branch correspondent is Joe Lebow. Help him get his column filled with news items of yourself and other members of the Northwest Branch. Call him at HUmboldt 6-0272.—*Toby Weinshenker, Branch Correspondent.*

KENWOOD-HYDE PARK

Our May meeting proved to be all that advance notices had said about it. Harold Hillenbrand really gave us a concise and up-to-the-minute report on the status of socialized medicine legislature. The ladies were present in good number and enjoyed the meeting. Mr. Montebano and his accordion did much to entertain and to lead the singing. Mrs. Chet Blakeley was in fine voice and sang a number of impromptu solos. Harold and Mrs. Hayes were also in good voice, as was Harold Oppice. We were happy to welcome as our special guests President-Elect, Dr. and Mrs. George Edward Meyer; Vice-President, Dr. and Mrs. Paul Wells; Treasurer (and newly elected Secretary), Dr. and Mrs. Edwin Baumann; newly elected President-Elect, Dr. and Mrs. Arno Brett; Secretary of the American Dental Association, Dr. and Mrs. Harold Hillenbrand; Trustee to the American Dental Association from Illinois, Dr. and Mrs. Harold Oppice; Vice-President of the American Dental Association, Dr. Leo Kremer; Director to the Chicago Dental Society from Englewood, Dr. and Mrs. Harold Hayes; and Executive Secre-

tary of the Chicago Dental Society, Mr. and Mrs. L. Russell Hegland. It was nice to have them; hope they had a fine time. Bob Wells did a grand job installing the officers. All in all, it was a very nice party . . . Ben Herzberg attended the American Orthodontic Association meeting in New York . . . Larry Johnson paid a short visit to Indianapolis . . . Wayne Fisher visited his son at Louisville. On his way back from Indianapolis, Larry passed Wayne and his family . . . Don't forget the golf meet at Southmoor, Wednesday, June 29. Louis Christopher is hard at work, so mark off your book . . . Any news, telephone me at SOuth Chicago 8-1823.—*Elmer Ebert, Branch Correspondent.*

NORTH SUBURBAN

North Suburban's annual frolic and box social will be held July 14 at the Skycrest golf-playing park. Leo Tasto and his committee would like to make it a special occasion and are therefore accepting only the first 150 bids for golf and dinner. Be sure to be among the select group . . . Last year's affair, if memory serves, was at Barrington and aside from the cost, was thoroughly delightful . . . The Evanston group's picnic and baseball game will occur June 15; too bad it conflicts with the Illinois alumni day . . . We were pleased to note that Todd Dewell made it back from New Orleans, Havana and Guatemala in time to get to New York for the recent orthodontic meeting . . . Jeff Schroeder is taking his colored movies on silicate restorations to Europe with him, where he plans to exhibit them at various dental societies.—*G. A. MacLean, Branch Correspondent.*



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NEWS AND ANNOUNCEMENTS

(Continued from page 14)

tal Society and the Illinois State Dental Society, Dr. Blim served in many capacities. He was a past-president of the North Side Branch and worked diligently on his committee assignments, of which there were many, in the parent Society. He was a member of the Delta Sigma Delta dental fraternity and was very much interested in his alumni association. Because of his ill health, he was forced to decline the presidency of that body.

Dr. Blim was an ardent supporter of the better things in dentistry and the dental profession has lost a valuable member from its ranks. Surviving him are his widow, Florence; a son, Tom; a daughter, Mrs. Frances Marguerite; and two grandchildren.

DR. WILLIAM C. FITZGERALD **1896-1949**

Dr. William C. Fitzgerald, a member of the North Side Branch of the Chicago Dental Society, passed away April 3, 1949. He practiced in the Uptown Bank

Building at Lawrence and Broadway and lived at 2244 Estes Avenue. Dr. Fitzgerald graduated in the class of 1924, Marquette University Dental School. His widow, Selma; a son and two daughters survive.

DR. FRANCIS H. IVEY **1878-1949**

Dr. Francis H. Ivey, who practiced at 108 North State Street until his retirement a few years ago, passed away March 17, 1949. He was a member of the North Suburban Branch of the Chicago Dental Society.

Dr. Ivey was graduated from University of Illinois, College of Dentistry in 1905. He is survived by his widow, Florence.

MRS. FRANKLIN B. CLEMMER **DIES**

Word has come to us of the passing of Mrs. Franklin B. Clemmer. In voicing our sympathy to Dr. Clemmer, we speak for his friends in both the Chicago Dental Society and the Illinois State Dental Society, whose number is legion.



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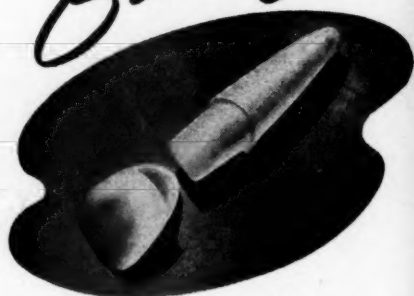
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AGENTS FOR THE DISABILITY AND HOSPITAL PLANS OF THE CHICAGO DENTAL SOCIETY

ORAL HEALTH AS RELATED TO PARTIAL DENTURE PLANNING

(Continued from page 11)

alveolar absorption and progressively greater and greater strain upon the abutment support. The greater danger seems to lie in too great mobility rather than too great rigidity. In all instances we should take advantage of the maximum area of favorable mucosa support. Mucosa stimulation is reduced as the area of support is increased. The lateral inclines of the palate are about parallel to the lateral guiding inclines of posterior teeth, and its coverage may be a favorable factor in reducing lateral stresses to abutment teeth.

Occlusion is important in every phase of dentistry and none the less important in removable partial denture prosthesis. Cases must be completed with a static equalized distribution of occlusal stresses coordinated with centric maxillo-mandibular relation. There must be an equalized distribution of stresses in eccentric mandibular positions with a limited steepness of guiding tooth inclines. The application of force during mastication may be greatly influenced by tooth size, sharpness of cutting cusps, food exits, etc. These principles have been previously discussed in printed articles. (Reference—*American Dental Association Journal*, July 1935). Occlusion as established must be retained in the most permanent manner. This necessitates the use of teeth which will permit the least degree of wear. Plastic teeth wear too rapidly, not alone by functional contact with opposing teeth but while being used to masticate fibrous or granular foods.

LINE OF INSERTION

I cannot close without taking issue with the much discussed "line of insertion" of dentures. No removable partial denture, except those whose insertion is controlled by slot attachments of the precision type which must be parallel, need be inserted with a definite line of in-

sertion. An appliance with two abutment teeth and clasps may be inserted by placing the clasp quite completely on one tooth, which may involve a definite undercut, and then rotated upon the second tooth with the first tooth as the center of movement. An appliance with three or more abutments, as a third molar and first bicuspid on one side and one or more abutments on the opposite side, may be inserted by first placing the clasp on the buccally and perhaps distally inclined third molar, then dropping it upon the anterior abutment on the same side, using the third molar as the center of movement. It is then inserted to position on the abutment or abutments on the opposite side, using the two previous abutments as an axis of insertion. The dentures would have to be removed by first releasing the clasp last seated. They could not be removed except by reversing the order of insertion. One of these dentures has two and the other three lines of insertion, and would, of necessity, place no greater strain upon abutment teeth than appliances made with only one line of insertion.

In conclusion, I regret that there are many interesting phases of removable partial work which time does not permit me to discuss. I must, in closing, remind you that the most valuable service which we can render to our patients is the maintenance of oral health through periodic care and prevention.

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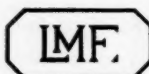
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EDITORIAL

(Continued from page 7)

but not for dentists, the Department is desirous to get replies from all dentists who receive questionnaires.

In order to get a comprehensive and reliable over-all view of the profession, it is important that all types of dentists reply to the questionnaire. It is not uncommon for prospective respondents to feel that it does not matter too much if they don't answer the Department's questionnaires. Nothing could be further from the truth. No matter what one's status is, the Department needs the information. It is only through the wholehearted cooperation of individual dentists that the valuable potentialities of this study can be realized.



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